



THE STATE BAR OF CALIFORNIA
OFFICE OF SPECIAL ADMISSIONS/SPECIALIZATION
180 Howard Street · San Francisco, CA 94105-1639
(415) 538-2120 · legalspec@calbar.ca.gov

\$: _____ REC'D BY: _____

APPL# _____

Provider # _____

FOR OFFICIAL USE ONLY

LEGAL SPECIALIST EDUCATION
ACTIVITY APPLICATION

Include one copy of the application and all the attachments.

Include the \$75 non-refundable filing fee.

1) CONTACT INFORMATION

Contact Name: _____

Provider Name: _____

Provider Address: _____

City: _____ State: _____ Zip: _____ + _____ Provider #: _____

Web-site: _____ Phone: () - _____

E-mail: _____ Fax: () - _____

2) SPECIALTY AREA

- ☐ Appellate Law ☐ Bankruptcy Law ☐ Criminal Law ☐ Estate Planning Trust & Probate Law ☐ Family Law
☐ Franchise & Distribution Law ☐ Immigration & Nationality Law ☐ Taxation Law ☐ Workers' Compensation Law

3) ACTIVITY

Activity Title: _____

Date and Time of Activity: _____

Number of Hours of Credit Requested: _____ (Use the Activity Content Attachment to specify category(ies) of credit.)

Is this an application for renewal? Yes ☐ No ☐ If 'Yes', program number: _____

Are you requesting approval for audio/video tapes of this activity? Yes ☐ No ☐

If you answered 'Yes' and the entire event is not being taped, please attach a sheet detailing which portions are being taped and how long each segment lasts. ☐ Additional Sheet Attached

Does this activity have substantive written materials? Yes ☐ No ☐ If yes, how many pages? _____

If this activity is over one hour in length it **MUST** be accompanied by substantive written materials to qualify for credit.

Promotional Materials

☐ Attach promotional material or an outline/description of the activity, including faculty and credentials



4) ATTESTATION

Read, sign, and date below. Your signature **MUST** be original.

I agree to comply with Section 7.0, Approval of Education Programs, of the Rules Governing the State Bar of California Program for Certifying Legal Specialists.

I agree that all educational activities offered for legal specialization educational credit shall meet the criteria for educational activities set forth in Section 7.3 of the Rules Governing the State Bar of California Program for Certifying Legal Specialists.

I agree to keep a record of attendance for six (6) years from the date of each educational offering. Information regarding attendance will be furnished to the Board of Legal Specialization (BLS) upon request by the BLS or the attendee.

I declare under penalty of perjury under the laws of the State of California that the foregoing answers and statements are true and correct.

Name: _____

Signature

Title: _____

Date: _____

5) SUBMISSION CHECKLIST

- ☐ Include the appropriate Activity Content attachment for your activity and any required enclosures.
- ☐ Enclose \$75 application fee. Make checks payable to 'The State Bar of California.'
- ☐ Attach one copy of the application and all its attachments to this original.

MAIL TO:

The State Bar of California
Legal Specialization-Provider Approval
180 Howard Street
San Francisco, CA 94105-1639

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LEGAL SPECIALIST EDUCATION ACTIVITY
Workers' Compensation Law Activity Content Attachment

1) ACTIVITY INFORMATION

Provider Name:

Date:

Title of Activity:

Time:

2) ACTIVITY CONTENT

This section **MUST** be completed or the application **WILL NOT** be processed. Worker's Compensation Law educational content must fall into the following categories:

(A) Basic Legal

Total Minutes of Course _____ divided by 60 and rounded to nearest quarter hour = _____
(Example: 0.25, 0.5, 0.75, 1 hour)

(B) Basic Medical

(D) Advanced Medical

(C) Advanced Legal

(E) Mechanism of Rating Permanent Disability

SAMPLE

Date	Time	A	B	C	D	E
12/01/07	10:00-3:00	1.0	2.5	.5	0	1.0
Total Hours Requested						

**CERTIFICATE OF ATTENDANCE FOR CALIFORNIA LEGAL SPECIALIZATION
EDUCATION IN WORKERS' COMPENSATION LAW**

Provider	
Subject Matter/Title	
Date & Time of Activity	
Location	
Length of Activity	

California Legal Specialization credit was offered in the following areas:

AREA	HOURS OFFERED BY PROVIDER	HOURS CLAIMED BY PARTICIPANT
Basic Legal		
Basic Medical		
Advanced Legal		
Advanced Medical		
Mechanism of Rating Permanent Disability		
TOTAL HOURS OFFERED/CLAIMED		

To be completed by the attorney after participation in the above-named activity:

By signing below, I certify that I participated in the activity described above and am entitled to claim California Legal Specialization credit as indicated in the "Hours Claimed by Participant" column.

Name: _____
PRINT

Signature: _____ Date: _____

Reminder: If the provider has not been granted credit for a particular area, you cannot claim credit for that area. Keep this record of attendance for at least one year from the date the California Board of Legal Specialization acts on your application for certification or recertification. In the event that you are audited by the Board, you may be asked to submit this record of attendance.

**RECORD OF ATTENDANCE FOR CALIFORNIA LEGAL SPECIALIZATION
EDUCATION IN WORKERS' COMPENSATION LAW**

Provider	
Subject Matter/Title	
Date & Time of Activity	
Location	
Length of Activity	

ELIGIBLE LEGAL SPECIALIZATION CREDIT:

AREA	HOURS
Basic Legal	
Basic Medical	
Advanced Legal	
Advanced Medical	
Mechanism of Rating Permanent Disability	
TOTAL HOURS	

Name of Attendee	California State Bar No.	Attendee Signature